## EXHIBIT C

	<u>3 Ente</u>	ered 07/22/11 14:3 <sub>4</sub>	<u>4:30 Pade</u>	2 OT 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OF OF CLAIM		
Name of Debtor:	Case Nu	mber:	٠ - ز	
USA Commercial Mortgage Company	06-107	25-LBR	רוו דר א	10 M V V V 300E
FIESTA STONERIDGE			FILED N	10V 0 2 2006
NOTE: See Reverse for List of Debtors and Case Numbers.				€
This form should not be used to make a claim for an administrative expansion after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.	ense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	OWED MONEY BY A BORROWER BEING SERVICED BY THE O NOT HAVE TO FILE A PROOF
Name of Creditor and Address:  11321242033840  BENNETT, ALAN	0	statement giving particulars.  Check box if you have never received any notices	OF CLAIM. THIS	NCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT.
14225 S WISPERWOOD DR RENO NV 89511		from the bankruptcy court or BMC Group in this case.  Check box if this address	SECURED INTERI ONE OF THE DEE	
		differs from the address on the envelope sent to you by the court.	Bankruptcy Court	ady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number (775 85%-) 409  Last four digits of account or other number by which creditor identifies a	debtor:	per deute		
		Check here replain or if this claim amer	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	-	salaries, and compensation (	fill out below)	Other claims against servicer (not for loan balances)
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		digits of your SS #:		
Money loaned Under (describe briefly)	Unpaid o	compensation for services pe	rromea trom:	(date) to
2. DATE DEBT WAS INCURRED: S. 4/3/de	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				ne time case filed.
See reverse side for important explanations.	-	SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if: a) there is no collateral or lien securing your claim, or b)	vour claim	·   5.34	our claim is secur	ed by collateral (including
exceeds the value of the property securing it, or if c) none or only part of ye	our claim is	a right of setoff).		
entitled to priority.  UNSECURED PRIORITY CLAIM		Brief description of		Поп
Check this box if you have an unsecured claim, all or part of which is		Real Estate		
entitled to priority.		Value of Collateral	<u> </u>	
Amount entitled to priority \$		Amount of arrearage a secured claim, if any:		at time case filed included in
Specify the priority of the claim:	_	_ `		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits tow services for personal, family,		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	, L	Taxes or penalties owed to go		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable par	• .	
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adju- with respect to cases comme		
5. TOTAL AMOUNT OF CLAIM \$	60,00		SOU OF OF ORIGINATION	\$ 60,000.
AT TIME CASE FILED: (unsecured)		secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to t	he principal	amount of the claim. Attach ite		
6. CREDITS: The amount of all payments on this claim has been cre 7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting doc</u> running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the	<u>uments.</u> si agreement	uch as promissory notes, pur ts, and evidence of perfection	chase orders, inv n of lien. DO NO	oices, itemized statements of
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	ne filing of y	your claim, enclose a stampe	ed, self-addressed	
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5:00 pr for each person or entity (including individuals, partnerships,	n, prevailii	ng Pacific time, on Novemb	er 13, 2006 💎	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO: BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY T	O:	USA CMC
Attn: USACM Claims Docketing Center P. O. Box 911	1330 Eas	st Franklin Avenue	<b>~.</b>	1072500933
El Segundo, CA 90245-0911	-	ndo, CA 90245		
DATE SIGN and print the name and title, if any, of this claim (attach copy of power of atto	ne creditor o rney, if any)	or other person authorized to file :		
10/28/06 Inis claim (attach copy of power of atto				,/ '
for the first of free free free free free free free f				

Case 06-10725-gwz Dog	: 8683-3 En	tered 07/22/11 14:3	4·30 Pag	e 3 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA COMMERCIAL MORTGAGE	30. 06.	-10725- LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an adminis arising after the commencement of the case A "request" for	payment of an	Check box if you are aware that anyone else has filed a proof of claim relating		
administrative expense may be filed pursuant to 11 U S C §  Name of Creditor and Address	503	to your claim Attach copy of		
t MANUEL HAND STAN AND STAN AN	241008405 F THE BERTHELOT	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	SECURED INTER	IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
LAS VEGAS NV 89117-7034		Check box if this address differs from the address on the envelope sent to you by the		BTORS eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ( ) 702 - 25565.		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor  CLIENT ID 257 AND 4365		Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM		penefits as defined in 11 U S	C § 1114(a)	☑ Unremitted principal
Goods sold Personal injury/wrongful d	wages :	salanes and compensation (		Other claims against services (not for loan balances)
☐ Money loaned ☐ Other (describe briefly)	STMENT AT	compensation for services per	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box of See reverse side for important explanations	r boxes that best descr	ibe your claim and state the amoi	unt of the claim at t	he time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your of exceeds the value of the property securing it or if c) none or or entitled to priority	claim or b) your claim ly part of your claim is	a right of setoff)  Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM		· - · -		Почь
Check this box if you have an unsecured claim all or part of whentitled to priority	nich is	Real Estate  Value of Collateral		
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or	r (a)(1)(B)	Up to \$2 225* of deposits toward		
Wages salanes or commissions (up to \$10 000)* earned with before filing of the bankruptcy petition or cessation of the debto business whichever is earlier 11 U S C § 507(a)(4)		services for personal family of Taxes or penalties owed to go	r household use -1	1 U S C § 507(a)(7)
Contributions to an employee benefit plan - 11 U S C § 507(a)	0(5)	Other Specify applicable para		
	λ-,	* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED (unsecured)		500 - 3	( priority)	\$ 26,500 (Total)
Check this box if claim includes interest or other charges in a	ddition to the principal	amount of the claim Attach ite	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has 7 SUPPORTING DOCUMENTS Attach copies of supportuning accounts contracts court judgments mortgages DOCUMENTS If the documents are not available, explain	orting documents, su secunty agreement	uch as promissory notes pure s, and evidence of perfection	chase orders inv	oices itemized statements of
· •		our claim enclose a stamped	•	envelope and copy of this
The original of this completed proof of claim form mu ACCEPTED) so that it is actually received on or befor for each person or entity (including individuals, partn governmental units)	e 5 00 pm, prevailin erships, corporatio	g Pacıfic tıme, on Novembe ns, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Gro Attn USA	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Cente t Franklin Avenue	כוו כה	NOV 0 9 2006
El Segundo, CA 90245-0911	El Segun	do, CA 90245		
NOV 6 - 06  SIGN and print the name and title this claim (attach copy of po	of any of the creditor of wer of attorney if any)	rother person authorized to file JEAN J BERM TRUST	ELOT	USA CMC
- I when	muce	145071	= C	10/2501138

	PRO	OF OF CLAIM	<del>4.30 Pay</del>	<del>C 4 01 11</del>
Name of Debtor	Case Nu	mber		
USA Commercial Michtonse Company	06 -	10725 LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	ense	Check box if you are		
ansing after the commencement of the case. A "request" for payment of	of an	aware that anyone else has filed a proof of claim relating		
administrative expense may be filed pursuant to 11 U S C § 503		to your claim Attach copy of		
Name of Creditor and Address	e	statement giving particulars		
GGRM PENSION PROFIT SHARING PLAN	О	Check box if you have		
C/O GABRIEL A MARTINEZ TRUSTEE		never received any notices from the bankruptcy court or	DO NOT FILE TH	IS PROOF OF CLAIM FOR A
601 S 9TH ST		BMC Group in this case	SECURED INTER	REST IN A BORROWER THAT IS NOT BTORS
LAS VEGAS NV 89101-7012		Check box if this address differs from the address on the		eady filed a proof of claim with the
		envelope sent to you by the		or BMC you do not need to file again
Creditor Telephone Number (702) 36 - 2 2		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replace or fithis claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree I	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salaries and compensation (		Other claims against service
Services performed Taxes	4 *	r digits of your SS#		(not for loan balances)
Money loaned	Unpaid o	compensation for services per	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descr	ibe your claim and state the amoi	unt of the claim at	the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	vour claim	Check this box if yo	our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	
Check this box if you have an unsecured claim all or part of which is		Real Estate		Other
entitled to pnority		Value of Collateral	\$ <u>A</u> pp	201 224,7/0
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim, if any		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family of		
Wages salanes or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	· _	Taxes or penalties owed to go		• (///
business whichever is earlier 11 U S C § 507(a)(4)		Other - Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjus		
5 TOTAL AMOUNT OF CLAIM \$ \$	APPROV	with respect to cases commen	ced on or alter the	\$ 140 UCV # 000 . A
AT TIME CASE FILED (unsecured)		secured)	( pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach iter	mized statement of	
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u>	dited and o	leducted for the purpose of m	naking this proof	of claim
running accounts, contracts court judgments, mortgages security a DOCUMENTS. If the documents are not available, explain. If the documents are not available, explain.	agreement	s, and evidence of perfection	of lien DO NO	T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stamped	d self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be sen	t by mail o	or hand delivered (FAXES N	OT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or				USE ONLY
governmental units)	RY HAND	OR OVERNIGHT DELIVERY TO	•	
BY MAIL TO BMC Group Attn. USACM Claume Docketing Contor	BMC Gro	up		10 200E
Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Cente t Franklin Avenue	' FIL	ED NOV 10 2006
El Segundo CA 90245-0911		do CA 90245		
DATE SIGN and print the name and title if any of the other chair (attach copy of power of attern	ne creditor o	r other person authorized to file		USA CMC
10/26/06 121 1977	<i>+</i> ,, <i>x</i>	Gaha'al M	. ~ J (	
Date from the first transfer of the first tr	nile	J Gabrel Ma	rtnec	1072501186

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Name of Debtor	Case Nu	mber			
USA Commeroial Mortgage G	06-	10725 LB	R		
NOTE: See Reverse for List of Debtors and Case Numbers.  This form should not be used to make a claim for an administrative expanding after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.	ense of an	Check box if you a aware that anyone else fied a proof of claim re to your claim. Attach o	ë hes Heting		
Name of Creditor and Address.		statement giving partic			
PAUL D GRAF AND MARGARET A GRAF 2530 GREAT HWY SAN FRANCISCO CA 94116-2613	1	Check box if you it never received any not from the bankruptcy of BMC Group in this case.  Check box if this address from the address.	tices ourt or se. address se on the	SECURED INTER ONE OF THE DE If you have air	eady filed a proof of claim with the
Creditor Telephone Number (4/5) 66/- 2355		envelope sent to you be court.	y the		or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of 62.5	debtor	Check here	replac	a previously	filed claim deted
1 BASIS FOR CLAIM	Detino i	penefits as defined in	amen		Unremitted principal
Goods sold Personal injury/wrongful death		salaries, and compen		- '	Other claims against servicer
Services performed Taxes  Money loaned Other (describe briefly)	Last four	r digits of your SS # compensation for sen			(not for loan balances)
	Orsposid C	AND TO SERVICE AND SERVICE	rices pa	ioning non	(dete) (date)
2. DATE DEBT WAS INCURRED: 4-6-06		OURT JUDGMENT,			
4 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that See reverse side for important explanations	t best descri			unt of the claim at i	he time case filed.
UNSECURED NONPRIORITY CLAIM \$ 12, 875. 63  Check this box if: a) there is no collateral or lier securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of your		a right of se	box if you		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief descri	•		_
Check this box if you have an unsecured claim, all or part of which is				Motor Vehick	
entitled to priority  Amount entitled to priority \$		Value of Co	arage ar	nd other charges	<u>ODU</u> , <u>at time case filed</u> included in
Specify the priority of the claim.  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	_		\$ <u>50, 000</u> ard purchase, lease	o, or rental of property or
Wages, salaries, or commissions (up to \$10 000)*, semed within 180 days before filing of the bankruptcy petition or cassation of the debtor's business, whichever is earlier - 11 U S C \$507(a)(4)			wed to go	vernmental units -	11 U S.C § 507(a)(8).
Contributions to an employee benefit plan - 11 U S C § 507(a)(5).		Other - Specify applic  * Amounts are subject			§ 507(a) ( ) nd every 3 years thereefter
TOTAL ANALOGO RESIDENCE OF THE STATE OF THE	50	with respect to cases	commen	ced on or after the	
5 TOTAL AMOUNT OF CLAIM \$ 12,875.03 \$ AT TIME CASE FILED (unsecured)	590	oo. = >	<del></del>	( pnority)	\$ 62,875,03. (Total)
Check this box if claim includes interest or other charges in addition to the	•	•	Attach ite		• • • •
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS. <u>Attach copies of supporting docu-</u> running accounts, contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain. If the d 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	<i>ments.</i> su agreement locuments	uch as promiseory no is, and evidence of pe are voluminous, atta	tes pure effection ich a sur	chase orders, inv of tien DO NO mmary	cices, itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or governmental units)	, prevailir	g Pacific time, on N		¥13, 200∮ vd	THIS SPACE FOR COURT USE ONLY
By MAIL TO BMC Group Attn: USACM Claims Docketing Center P O Box 911	BMC Gro Attn. USA 1330 Eas	\CM Claims Docketin t Franklin Avenue		FILE	JAN 0 2 2007
El Segundo, CA 90245-0911  DATE  SIGN and print the name and title, if any of the this claim (attach copy of power of attorn  Toul 7. Graf	e creditor o	do, CA 90245 rother person authoriza DAMQUCE T	d to file	beat	USA CMC
Penalty for presenting traudulent claim is a find of up to \$500 000 or imprisonme	un for up to		sc ss	152 MJD 3571	Page 1074

Case_UbLU7_25-gW2	PRC	OF OF CLAIM	<del>54.50 Pa</del> (	<del>Je 0 01 11</del>
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	'25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	ense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address		statement giving particulars	<b>DEBTORS YOU D</b>	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
11321242036033	3	Check box if you have		D IN THE COLLECTION ACCOUNT
HOWARTH MARJORIE 30116 CORTE SAN LUIS		never received any notices from the bankruptcy court or		S PROOF OF CLAIM FOR A
TEMECULA CA 92591		BMC Group in this case	SECURED INTERI ONE OF THE DEB	EST IN A BORROWER THAT IS NOT STORS
		Check box if this address differs from the address on the	If you have alre	ady filed a proof of claim with the
Constitute Toleraham Niverban (ICV / AA - EA - A		envelope sent to you by the court	, ., .	or BMC you do not need to file again  E IS FOR COURT USE ONLY
Creditor Telephone Number (15) 641-1237  Last four digits of account or other number by which creditor identifies of	debtor	El control		
		Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death  Services performed Taxes	_	salaries and compensation (	fill out below)	Other claims against servicer (not for loan balances)
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		r digits of your SS # compensation for services pe	rformed from	to
	Oripaid (	Authorisation for services be	HOMEOU HOLL	(date) (date)
2 DATE DEBT WAS INCURRED 9-22-03		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descr	be your claim and state the amo	unt of the claim at th	he time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	do	ad by callataral (cast)
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you	your claim	a right of setoff)	our cialm is secur	ed by collateral (including
entitled to priority	JULI CIBILITI 15	Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$ <u>75</u>	,000,00
Amount entitled to priority \$			nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits town services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		,
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other Specify applicable par		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$	25,0	00,50 \$		\$ 75,000.00
(unsecured)	, (	secured)	( рпопту)	(Total)
Check this box if claim includes interest or other charges in addition to the				
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the	<i>ument</i> s, s agreemen	uch as promissory notes purits and evidence of perfection	chase orders invited of lien DO NO	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of	your claim enclose a stampe	d self-addressed	l envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)  BY MALL TO	s, prevaili corporation	ng Pacific time, on Novemb ons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO	er 13 2006 nd	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing Center	BMC Gro			10V 0 6 2006
P O Box 911	1330 Eas	st Franklin Avenue ndo, CA 90245		
El Segundo CA 90245-0911  DATE  SIGN and print the name and title if any of the	ne creditor o	or other person authorized to file		1104 0140
this claim (attach copy of power of atter				USA CMC
11/11/11/11 1/10/10 WW				N = 1   1   1   1   1   1   1   1   1   1

			PRO	OOF OF CLAIM	<del>P 1-age 1</del>	
Ma	me of Debtor:	onal talah da sali mengalagian sali si 190 Kabatan da 1990 sation kacamatan salih sebengah dal	Case No	ımber:	<u> </u>	
					ĺ	
'	USA Commercial I	Mortgage Company	06-10	725-LBR	ļ	
		t of Debtors and Case Numbers.	·			
This	s form should not be use	d to make a claim for an administrative exp ment of the case. A "request" for payment	ense of an	Check box if you are aware that anyone else has		
		be filed pursuant to 11 U.S.C. § 503.	OI QII	filed a proof of claim relating		NLY OWED MONEY BY A BORROWER IS BEING SERVICED BY THE
Na	me of Creditor and	d Address:		to your claim. Attach copy of statement giving particulars.	DEBTORS YOU	DO <u>NOT</u> HAVE TO FILE A PROOF
		1132124203604	6	□ a		IS INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT.
	HUISH, JAM			Check box if you have never received any notices	DOTA OTTER	LED IN THE GOLLEGIJON AGGOSTI
		GASCAR LANE		from the bankruptcy court or		HIS PROOF OF CLAIM FOR A
1	LAS VEGAS	S NV 89117		BMC Group in this case.	ONE OF THE D	EREST IN A BORROWER THAT IS NOT EBTORS.
				Check box if this address differs from the address on the	If you have a	lready filed a proof of claim with the
1				envelope sent to you by the		rt or BMC, you do not need to file again.
	ditor Telephone Number			court	THIS SPA	CE IS FOR COURT USE ONLY
Las	t four digits of account or	other number by which creditor identifies of	debtor:	Check here   replace	es	h. Shad alaim datada
10	Client II	o 3507		if this claim amen		ly filed claim dated:
1. E	ASIS FOR CLAIM	П	Retiree h	enefits as defined in 11 U.S.	C & 1114(a)	Unremitted principal
	Goods sold	Personal injury/wrongful death				_
	Services performed	□Taxes	•	salaries, and compensation (f	ili out below)	Other claims against servicer (not for loan balances)
	Money loaned	Other (describe briefly)		ompensation for services per	formed from:	ž.
"	,,		Oripaid C	ompensation for services per	tornea nom.	(date) to
2. D	ATE DEBT WAS INCUR	RRED: 9-16-02	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4. C	LASSIFICATION OF CL	AIM. Check the appropriate box or boxes that				the time case filed.
1 '	ee reverse side for importan	·		SECURED CLAIM		
UN	SECURED NONPRIORI				ur claim is secu	red by collateral (including
	Check this box if: a) there i exceeds the value of the pr	is no collateral or lien securing your claim, or b) roperty securing it, or if c) none or only part of yo	your claim ur claim is	a right of setoff).		,
<u></u>	entitled to priority.			Brief description of	collateral:	
UNS	SECURED PRIORITY CL			Real Estate	Motor Vehicle	e 🔲 Other
	entitled to priority.	an unsecured claim, all or part of which is		Value of Collateral:	\$	
	Amount entitled to priority	\$			d other charges	s at time case filed included in
	Specify the priority of the cl	laim:		secured claim, if any: \$		at whe case med included in
		ns under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towar	rd nurchana logo	o or control of property or
		ssions (up to \$10,000)*, earned within 180 days	لسا	services for personal, family, or		
Ш	before filing of the bankrupt	tcy petition or cessation of the debtor's		Taxes or penalties owed to gov	ernmental units -	11 U.S.C. § 507(a)(8).
_	business, whichever is earl	• ,		Other - Specify applicable para	graph of 11 U.S.C	C. § 507(a) ( ).
	Contributions to an employ	ee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases commend		
5. T	OTAL AMOUNT OF CLA	NM \$ \$ 4	75 7	8899 \$	ed on or alter the	\$ QC 7 PR QQ 1
1	T TIME CASE FILED:	(unsecured)	(9)	ecured) + 13%	( priority)	(Total) /3%
	Check this box if claim inclu	udes interest or other charges in addition to the	•	ENTEYES		Tuttager
		f all payments on this claim has been credi				
7. S	UPPORTING DOCUM	MENTS: Attach copies of supporting docur	<i>nents</i> , suc	ch as promissory notes, purch	nase orders, inv	oices, itemized statements of
		ts, court judgments, mortgages, security aguments are not available, explain. If the do				T SEND ORIGINAL
1		Y: To receive an acknowledgment of the			-	l envelope and copy of this
	roof of claim.	Po totali o ali adimo modgino morale	9 0. 70	or order of order order order	, doir addi oooo	2 dividiopo dila copy di dila
T	he original of this com	pleted proof of claim form must be sent	by mail o	r hand delivered (FAXES NO	DΤ	THIS SPACE FOR COURT
A	CCEPTED) so that it is	actually received on or before 5:00 pm,	prevailing	Pacific time, on November	13, 2006	USE ONLY
	or each person or entity overnmental units).	(including individuals, partnerships, co	prporation	s, joint ventures, trusts and	, ,	
ΙĔ	Y MAIL TO: MC Group		BY HAND O	R OVERNIGHT DELIVERY TO:		
	ttn: USACM Claims Docl			P CM Claims Docketing Center		
1	. O. Box 911		1330 East	Franklin Avenue		
DAT	I Segundo, CA 90245-09	SIGN and print the name and title, if any, of the		o, CA 90245		
TAN I	1. 1.	this deim (attach copy of power of attorne		Their person additionized to file		
1	108/06	-time His	sk	/		

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		PRO	OOF OF	CLAIM	Tag	0 0 11
Name of Debtor		Case Nu	ımber		-	
	rcial Mortgage company	06-	10725	LBR	]	
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administrative expense may be file Name of Creditor and Ade			to your claim A	ttach copy of		
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C/O MARCELLA M 2283 VEGAS VAL LAS VEGAS NV		JSTEES	BMC Group in to Check box differs from the envelope sent to	if this address address on the	ONE OF THE DE	REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (75)			court			E IS FOR COURT USE ONLY
Last four digits of account or other	r number by which creditor identifies	debtor	Check here if this claim	repla oi	a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree l	penefits as defir	ned in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes		salaries and co	-	fill out below)	Other claims against servicer (not for loan balances)
Money loaned	Other (describe briefly)	Unpaid o	compensation for	or services pe	rformed from	to
2 DATE DEBT WAS INCURRED	9/11/03 appra	3 IF C	OURT JUDGM	ENT, DATE C	DBTAINED	(date) (date)
	Check the appropriate box or boxes tha	t best descr	ibe your claim and	d state the amo	unt of the claim at t	he time case filed
See reverse side for important expla	_		SECURE			
Check this box if a) there is no c	ollateral or lien securing your claim or b)			k this box if you	our claim is secu	red by collateral (including
entitled to priority	y securing it or if c) none or only part of yo	our claim is	1	description of	f collateral	
UNSECURED PRIORITY CLAIM	and the second s		<b>⊠</b> R	eal Estate	Motor Vehicle	Other
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Amount entitled to priority  Specify the priority of the claim	\$				7.0	at time case filed included in
<del></del>	der 11 U S C § 507(a)(1)(A) or (a)(1)(B)					or rental of property or 1 U S C § 507(a)(7)
before filing of the bankruptcy pe	s (up to \$10 000)* earned within 180 days stition or cessation of the debtor's	· _		-		11 U S C § 507(a)(7)
business whichever is earlier 1			Other Specify	applicable par	agraph of 11 U S C	§ 507(a) ()
Contributions to an employee be	nefit plan 11 U S C § 507(a)(5)					nd every 3 years thereafter date of adjustment
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	(unsecured)	,	secured)		( pnonty)	(Total)
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7 SUPPORTING DOCUMEN running accounts contracts of	payments on this claim has been cree TS Attach copies of supporting doct ourt judgments, mortgages security a ints are not available explain. If the c	<i>uments,</i> si agreement	uch as promisso is and evidence	ory notes pure e of perfection	chase orders, inv of lien DO NO	oices, itemized statements of
8 DATE-STAMPED COPY proof of claim	To receive an acknowledgment of the	e filing of y	our claim encl	ose a stampe	d self-addressed	envelope and copy of this
ACCEPTED) so that it is acturate for each person or entity (inc	ed proof of claim form must be sen ually received on or before 5 00 pm cluding individuals, partnerships, c	ı, prevailir	ng Pacific time	, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketin	a Center	BMC Gro	OR OVERNIGHT oup ACM Claims Do			10 2006
P O Box 911 FI Segundo CA 90245-0911	9 - 5/1/2	1330 Eas	st Franklin Aven do CA 90245		FILED	NOV 10 2006
	and print the name and title if any of th this claim (attach copy of power of atter	e creditor o	r other person au	~///-	yeller	USA CMC 1072501180
enting fraudulent claim	is a fine of up to \$500 000 or imprisonme	ent for up to	5 years or both	18USC §§	152 AND 3571	
					مطا	

Coce 06-10725-0wz Doc 9693-3	Entered 07/22/11 14:24:20 Page 9 of 11
P Gase: 00-101,23-gw2 Doc 0005-P	ROOF OF CLAIM
Name of Debtor Case	Number
, ·	( 1000 5 100
USA Commercial Mortgage Company OC	0-10125 LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are
arising after the commencement of the case. A request" for payment of an	aware that anyone else has filed a proof of claim relating
Address of Creditor and Address	to your claim Attach copy of
Name of Creditor and Address	statement giving particulars
LEONARD MARTINEZ & TARA MARTINEZ	Check box if you have never received any notices
6297 ELVIDO AVE LAS VEGAS NV 89122-7562	from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A
LAS AEGAS MA GAISS-1,205	SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
	differs from the address on the
Creditor Telephone Number (702) 899 - 5532	envelope sent to you by the Court or BMC you do not need to file again Court THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Object to Transaces
	Check here or a previously filed claim dated  If this claim amends
1 BASIS FOR CLAIM ☐ Retil ☐ Goods sold ☐ Personal injury/wrongful death ☐ W//	ree benefits as defined in 11 U S C § 1114(a) 🔀 Unremitted principal
Senuces performed Taxes Wag	es salaries and compensation (fill out below) Other claims against servicer (not for loan balances)
Manay looped Dothar (decembs brests)	iour digits of your 55 #
Опр	aid compensation for services performed from
2 DATE DEBT WAS INCURRED 9/03/03 3	F COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best di See reverse side for important explanations	escribe your claim and state the amount of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM
Check this box if a) there is no collateral or lien securing your claim or b) your cl	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it, or if c) none or only part of your clair entitled to priority	n is a right of setoff)  Brief description of collateral
UNSECURED PRIORITY CLAIM	
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Amount entrilled to priority \$	Value of Collateral \$ Apprex 50, 600
Specify the priority of the claim	Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family or household use -11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
Contributions to an employeε benefit plan 11 U S C § 507(a)(5)	Other Specify applicable paragraph of 11 U S C § 507(a) ()  Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$	with respect to cases commenced on or after the date of adjustment
AT TIME CASE FILED	
(unsecured)  Check this how if claim includes interest or other charges in addition to the principle.	(secured) (priority) (Total) ' ipal amount of the claim Attach itemized statement of all interest or additional charges
	·
6 CREDITS* The amount of all payments on this claim has been credited a 7 SUPPORTING DOCUMENTS. Attach copies of supporting documents	nd deducted for the purpose of making this proof of claim such as promissory notes purchase orders invoices itemized statements of
I running accounts contracts court judgments mortgages security agreen	160ts and evidence of perfection of lien - DO NOT SEND ORIGINAL - L
DOCUMENTS If the documents are not available explain. If the documents are not available explain. If the documents DATE-STAMPED COPY. To receive an acknowledgment of the filing.	
proof of claim	of your claim enclose a stamped self-addressed envelope and copy of this
The original of this completed proof of claim form must be sent by m	ail or hand delivered (FAXES NOT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, previous each person or entity (including individuals, partnerships, corpor	alling Pacific time on November 13, 2006
governmental units)	NO OD OVERNIOUS OF WARMAN
BMC Group	IND OR OVERNIGHT DELIVERY TO Group  ISACM Claims Decketing Center  FILED NOV 10 2006
P O Box 911 1330	East Franklin Avenue
El Segundo CA 90245-0911 El Se	gundo CA 90245
DATE  SIGN and print the name and title if any of the credit this claim (attach copy of power of attorney if a	or or other person authorized to file ny) USA CMC
10/27/06   Legrand Martines 2	and Replace I will be the second
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impresonment for u	p to 5 years proof 18 U.S.C. 55 152 AND 3571

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Name of Debtor USA COMMENCIAN MORITORIES  ONPANY  NOTE. The form should not be used to make a claim for an administrative expense any to filed persons to 11 US C \$ 505.  New York Company  NOTE. The form should not be used to make a claim for an administrative expense any to filed persons to 11 US C \$ 505.  New York Company  RAINS PROPERTIES LP  SAND ROPERTIES LP  SAND ROP
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Check box if you are aware that anyone debtor owes money or property)
class has filed a proof of claim relating to your claim Attach copy of statement giving particulars
RAINS PROPERTIES IP    Check box if the address driffers from the address on the envelope sent to you by the case   Check box if the address on the envelope sent to you by the case   Check box if the address on the envelope sent to you by the case   Check box if the address on the envelope sent to you by the address on the envelope sent to you by the case   Check box if the address on the envelope sent to you by the case   Check box if the address on the envelope sent to you by the address on the envelope sent to you by the case   Check box if the address on the envelope sent to you by the address on the envelope sent to you by the case   Check box if the address on the envelope sent to you by the address on the envelope sent to you by the case   Check box if the address on the envelope sent to you by the address on the envelope sent to you by the address on the envelope sent to you by the case   Check box if the address of the envelope sent to you by the address on the envelope sent to you by the address of the envelope sent to you by the address on the envelope sent to you by the address on the envelope sent to you by the address of the envelope sent to you by the address on the envelope sent to you by the address on the envelope sent to you by the address on the envelope sent to you by the address on the envelope sent to you by the address on the envelope sent to you by the address on the envelope sent to you by the address on the envelope sent to you by the address of the envelope sent to you by the address on the envelope sent to you by the address of the envelope sent to you by the address of the address of the sent to you address on the envelope sent to you by the address of the sent to you address of you address of you address on the sent to you address of you address of the sent port of
Check box if you have never received any notices from the bankruptey court in this case   Check box if the address of the revelope sent to you by the court   This SPACE is FOR COURT USE CNEX
DONNA M OSBORN, ESQ Marquis & Aurbach Las Vegas, NV 89145 Telephone number (702) 382-0711 Account or other number (702) 382-0711 Clephone number by which creditor identifies debtor 2761/FIESTA USA/STONERIDGE  This SPACE is FOR COURT USE ONLY Cleck here   replaces
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debtor
Retiree benefits as defined in 11 U S C § 1114(a)   Goods sold   Wages salaries, and compensation (fill out below)   Last four digits of your SS #   Unpaid compensation for services performed   Unpaid compensation for sevrices performed   Unpaid compensation for sevrices performed   Unpai
BASIS FOR CLAIM
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Services performed   Last four digits of your SS #   Unpaid compensation for services performed   Personal injury/wrongful death   Taxes   to (date)   (date)   (date)
Personal injury/wrongful death   Taxes   Town   Town   Town     Date debt was incurred   Justine     Description of Claim at the time case filed     Secured Claim     Description of collateral   Secured Claim     Date debt was incurred   Description of collateral     Date debt was incurred   Secured Claim     Date debt was incurred   Description of collateral     X Real Estate   Motor Vehicle   Other     Value of collateral   Sunknown     Date debt was incurred   Description of collateral     X Real Estate   Motor Vehicle   Other     Value of collateral   Sunknown     Date debt was incurred   Description of collateral     X Real Estate   Motor Vehicle   Other     Value of collateral   Sunknown     Date of value of collateral   Sunknown     Description of value   Description of collateral     X Real Estate   Motor Vehicle   Other     Value of collateral   Sunknown     Description of value   Description of value     Value of collateral   Sunknown     Description   Description     Description   Description   Description   Description     Description   Descri
Taxes
2 Date debt was incurred   9/22/03   3 If court judgment, date obtained   9/22/03   4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed   See reverse side for important explanations
2 Date debt was incurred   9/22/03   3 If court judgment, date obtained   9/22/03   4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed   See reverse side for important explanations
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations  Unsecured Nonpriority Claim \$\square\$  □ Check this box if a) there is no collateral or lien securing your claim, or b) your claim is entitled to priority  Unsecured Priority Claim  □ Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority \$\square\$  Amount of arrearage and to the claim  □ Domestic support obligations under \$11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Unsecured Nonprorty Claim \$  Unsecured Nonprorty Claim \$  Check this box if a) there is no collateral or hen securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority  Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority \$  Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)  Total Amount of Claim at Time Case Filed Check this box if your claim is secured by collateral (including a right of setoff)  Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral X Real Estate Motor Vehicle Other Value of collateral X Real Estate Unknown  Amount of arrearage and other charges at time case filed included in secured claim if any \$200,000 00  Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use- 11 U S C § 507(a)(7)  Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)  Other-Specify applicable paragraph of 11 U S C § 507(a)()  Amounts are subject to adjustment on 4/1/07 and every three years thereafter with respect to cases commenced on or after the date of adjustment  Check this box if claim includes interest or other charges in addition to the principle amount of the claim Attach itemized statement of all interest or additional charges
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Claim  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Amount entitled to priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)  Check this box if your claim is secured by collateral (including a right of setoff)  Brief description of collateral  X Real Estate □ Motor Vehicle □ Other □ Value of collateral \$\frac{501}{200,000.00}\$ under charges at time case filed included in secured claim if any \$\frac{200,000.00}{20,000.00}\$ or services for personal, family or household use-11 U S C § 507(a)(7)  □ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)  □ Other-Specify applicable paragraph of 11 U S C § 507(a)( )  **Amounts are subject to adjustment on 4/1/07 and every three years thereafter with respect to cases commenced on or after the date of adjustment  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)  Total Amount of Claim at Time Case Filed \$\frac{500,000.00}{(unsecured)}\$ (secured) (priority) (total)
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Specify the priority of the claim    Claim if any \$200,000 00     Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use- 11 U S C § 507(a)(7)     Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)     Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)     Contributions to an employee benefit plan - 11 U S C § 507(a)(5)     Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)     Other-Specify applicable paragraph of 11 U S C § 507(a)( )     *Amounts are subject to adjustment on 4/1/07 and every three years thereafter with respect to cases commenced on or after the date of adjustment     Contributions to an employee benefit plan - 11 U S C § 507(a)(5)     Total Amount of Claim at Time Case Filed   \$ \$ \$200,000 00     (unsecured)   (secured)   (priority)   (total)     Check this box if claim includes interest or other charges in addition to the principle amount of the claim Attach itemized statement of all interest or additional charges
or services for personal, family or household use- 11 U S C § 507(a)(7)  Domestic support obligations under 11 U S C § 507(a)(1)(A) or  (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)  *Amounts are subject to adjustment on 4/1/07 and every three years thereafter with respect to cases commenced on or after the date of adjustment  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)  Total Amount of Claim at Time Case Filed  \$
□ Domestic support obligations under 11 U S C § 507(a)(1)(A) or  (a)(1)(B) □ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)  □ Wages, salaries, or commissions (up to \$10,000),* earned within 180 □ Other-Specify applicable paragraph of 11 U S C § 507(a)( )  days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)  *Amounts are subject to adjustment on 4/1/07 and every three years thereafter with respect to cases commenced on or after the date of adjustment  □ Contributions to an employee benefit plan - 11 U S C § 507(a)(5)  5 Total Amount of Claim at Time Case Filed \$ \$200,000 00
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6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of This SPACE IS FOR COURT USE ONLY making this proof of claim
7 Supporting documents Attach copies of supporting documents, such as promissory notes purchase
orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security
agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the
documents are not available, explain. If the documents are voluminous, attach a summary  8 Date-Stamped copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-
addressed envelope and a copy of this proof of claim
Date Sign and print the name and title, if any, of the creditor or other person authorized to file
this claim (attach copy of power of attorney, if any) USA CMC
11-7 06 Donna M Osborn Esq
Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U

Form B10 (Official Form 10) (4/98) **PLEASE	NOTE THE TROUBLE OF REVERSE SIDE	
Case U6-10725-QWZ DOC 8683: UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVA	-3 Entered 07/22/11 12	34:30
Name of Debtor USA COMMERCIAL MORTGAGE	Case Number	(This space for court use)
COMPANY	BK-S-06-10725-LBR	
NOTE This form NOT be used to make a chain for an administrative expense case. A request for payment of an administrative expense may be filed pure.		
Name of Credilor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyone else has filed a proof of	
	claim relating to your claim Attach copy of statement	, H
ROCKLIN/REDDING LLC	Giving particulars	
	□ Check box if you have never received any notices from the	1-126/06
Name & Address where notice should be sent	bankruptcy court In this case	1 / /
Stephen R Harris, Esq	<ul> <li>Check box if the address differs from the address differs from the</li> </ul>	
Belding, Harris & Petroni, Ltd 417 W Plumb Lane	address on the envelope sent to you by the court	
Reno, NV 89509		
Telephone number (775) 786-7600		
Account or other number by which creditor identifies debtor	Check here if this claim	
	□ Replaces □ Amends	A previously filed claim, dated
1 BASIS FOR CLAIM	Retiree benefits as defined in 11 U S C	51114/5\
	Wages, salaries, and compensation (FILL	OUT BELOW)
Money loaned  Personal Injury wrongful death	Your Social Security #	med from
□ Taxes □ Other	(5000)	(Selection
- Contain		
2 Date debt was incurred 9/22/03 - orig date - Fiesta USA Stoneria	dge	3 If court judgment date obtained
4. Total amount of claim at time sace filed it \$110,000,00 plus	accrued interest attorneys'	fees and costs
4 Total amount of claim at time case filed \$ \$110,000 00 plus		fees and costs
If all or part of your claim is secured or entitled to priority also complete	Item 5 or 6 below	
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